



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E281162**

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

TRIBAL RESERVATION ☐

| | |
|---------------------|----------|
| CASE # | 13-02897 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 04 |
| OBJECT STRUCK | |

| | | | | | | | | | | | | |
|-------------------|----------------|-------------|------|----------|----|-------|--|---|-------|-------------------------------------|--------|------|
| DATE OF COLLISION | 10 - 27 - 2013 | TIME (2400) | 1300 | COUNTY # | 31 | MILES | | N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> | IN OF | <input checked="" type="checkbox"/> | CITY # | 0664 |
|-------------------|----------------|-------------|------|----------|----|-------|--|---|-------|-------------------------------------|--------|------|

| | | | | |
|--------------------------|---------------------------------------|--|-----------|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> | | |
| SR 9 | BLOCK NO. | | MILE POST | |

| | | | | | | |
|----------|-----|----|-------|---|--------------------------------|-----------------|
| DISTANCE | 500 | 00 | MILES | <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W | OF (REFERENCE OR CROSS STREET) | LUNDEEN PARKWAY |
|----------|-----|----|-------|---|--------------------------------|-----------------|

| | | | | | |
|---------|---|--------------------------------------|--|-------|---------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE | D: 4257373715 |
|---------|---|--------------------------------------|--|-------|---------------|

| | | | | | |
|-----------|-------|------------|---------|----------------|---|
| LAST NAME | HULTS | FIRST NAME | MICHAEL | MIDDLE INITIAL | J |
|-----------|-------|------------|---------|----------------|---|

| | |
|--------------------|----------------|
| STREET NEW ADDRESS | 417 47TH ST SE |
|--------------------|----------------|

| | | | | | |
|------|---------|----|----|-----|-------|
| CITY | EVERETT | ST | WA | ZIP | 98203 |
|------|---------|----|----|-----|-------|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|----|------|
| DRIVER'S LICENSE # | HULTSMJ356ME | STATE | WA | SEX | M | D.O.B. | MMDDYYYY | 07 | 05 | 1965 |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|----|------|

| | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | A58661W | STATE | WA | VIN# | 1GCCS14R7J8192851 |
|-----------------|---------|-------|----|------|-------------------|

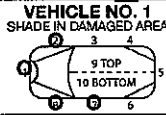
| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | | |
|-----------|------|------|------|-------|-----|-------|----|---|----------|---------------|---|
| VEH. YEAR | 1988 | MAKE | CHEV | MODEL | S10 | STYLE | PK | VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | RESCUE TOWING | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|-----|-------|----|---|----------|---------------|---|

REGISTERED OWNER INFO. TIMOTHY PRECIADO 6004 EVERGREEN WAY EVERETT WA 98203

| | | |
|---|-------------------------|-----------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | HALMARK 046-121132-00 |
|---|-------------------------|-----------------------|

| | | | | |
|--|------------|-----------|--------|---------------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION # | 3Z0913369 | CHARGE | NEG DRIVING 2 |
|--|------------|-----------|--------|---------------|



| | | | | | | | |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|---------------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE | D: 4252630096 |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|---------------|

| | | | | | |
|-----------|---------|------------|-------|----------------|---|
| LAST NAME | RUSSELL | FIRST NAME | APRIL | MIDDLE INITIAL | J |
|-----------|---------|------------|-------|----------------|---|

| | |
|--------------------|------------------|
| STREET NEW ADDRESS | 8305 172ND PL NE |
|--------------------|------------------|

| | | | | | |
|------|-----------|----|----|-----|-------|
| CITY | ARLINGTON | ST | WA | ZIP | 98223 |
|------|-----------|----|----|-----|-------|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|----|------|
| DRIVER'S LICENSE # | RUSSEAJ217R7 | STATE | WA | SEX | F | D.O.B. | MMDDYYYY | 12 | 27 | 1979 |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|----|------|

| | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

| | | | | | |
|-----------------|--------|-------|----|------|-------------------|
| LICENSE PLATE # | 214NCT | STATE | WA | VIN# | 3C8FY58B12T256609 |
|-----------------|--------|-------|----|------|-------------------|

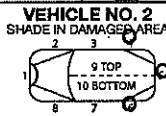
| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | | |
|-----------|------|------|------|-------|----|-------|----|---|----------|--|---|
| VEH. YEAR | 2002 | MAKE | CHRY | MODEL | PT | STYLE | 4T | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|----|-------|----|---|----------|--|---|

REGISTERED OWNER INFO. OWNED BY DRIVER

| | | |
|---|-------------------------|--------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | STATE FARM 0910137B2247B |
|---|-------------------------|--------------------------|

| | | |
|--|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION # | CHARGE |
|--|------------|--------|



| | | | | | |
|------------------------|-------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | BOB SUMMERS | BADGE OR ID # | 079 | AGENCY | WA0311900 |
|------------------------|-------------|---------------|-----|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E281162**

CASE # **13-02697**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|-------------------------------------|---|--------------------------|--------------------|---|--------------|---|--------|---|--------|---|-------|---|---------------|--|-----------------|---|--------------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | RUSSELL ETHAN T | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 8305 172ND PL NE ARLINGTON WA 98223 4252630096 | | | | | | | | | | | | | | | | | |
| SEX | | M | | D.O.B. MMDDYYYY | | 10 | | 09 | | 2001 | | | | | | | | | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 2 | SEAT POS. | 3 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | BANFIELD CAMERON R | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 7112 35TH PL NE MARYSVILLE WA 98270 4253351794 | | | | | | | | | | | | | | | | | |
| SEX | | M | | D.O.B. MMDDYYYY | | 11 | | 07 | | 2003 | | | | | | | | | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 3 | SEAT POS. | 3 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | JOHNSEN MICHAEL A | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 30310 68TH AVE NW STANWOOD WA 98292 | | | | | | | | | | | | | | | | | |
| SEX | | U | | D.O.B. MMDDYYYY | | 03 | | 30 | | 1991 | | | | | | | | | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 4 | SEAT POS. | 3 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |

NARRATIVE

Unit #1 traveling northbound on SR 9 was following a green jeep which merged into the straight north lane with Unit #1 followed at a high rate of speed. Traffic was stopped for a red light and Unit #1 slammed into the rear of Unit #2 hard enough to raise from the road on impact. This caused Unit #2 to spin across the roadway into the outer southbound lane of travel where in rear ended Unit #4. Unit #1 then collided into the right side of Unit #3 which had been in front of Unit #2 stopped at the redlight.

Witness states she was following Unit #3 and she saw Unit #2 get hit by Unit #1 and spin around into the on coming traffic. While this was happening she saw Unit #1 go up on two wheels and sideswipe Unit #3.

All vehicles sustained reportable damage and Units #1 and #2 were towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-28-13 10:24 AM

DATED

PLACE SIGNED

APPROVED BY

CHAD CHRISTENSEN 075

DATE

10/31/2013 8:39:10 AM

BADGE OR ID #

079

ORI #

WA0311900

TIME POLICE DISPATCHED

1:03 PM

TIME POLICE ARRIVED

1:10 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E281162**

CASE # **13-02897**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------|---|-------------------------------------|--------|--|-----------|--|--------|--|-------------|--|-------|--|------------|--|--------------|--|--------------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | MARTS ASHLEY D | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 16625 REDMOND WAY STE M349 REDMOND WA 98052 4252102225 | | | | | | | | | | | | | | | | | |
| SEX | | F | | D.O.B. | | MMDDYYYY | | 07 | | - 21 - 1984 | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input checked="" type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| SEX | | | | D.O.B. | | MMDDYYYY | | | | - - - | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| SEX | | | | D.O.B. | | MMDDYYYY | | | | - - - | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |

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BOB SUMMERS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-28-13 10:24 AM

DATED

PLACE SIGNED

APPROVED BY

CHAD CHRISTENSEN 075

DATE

10/31/2013 8:39:10 AM

BADGE OR ID # **079**

ORI #

WA0311900

TIME POLICE DISPATCHED

1:03 PM

TIME POLICE ARRIVED

1:10 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E281162**

CASE # **13-02697**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

* AXLES

GWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4253351794

N: 3605406355

LAST NAME

BANFIELD

FIRST NAME

TRACY

MIDDLE INITIAL

D

STREET / NEW ADDRESS

7112 35TH PL NE

CITY

MARYSVILLE

ST

WA

ZIP

98270

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

BANFID263PW

STATE

WA

SEX

U

D.O.B. MMDDYYYY

10

-

16

-

1974

ON DUTY ☐

STATUS

AIRBAG

2

RESTR

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AFP1489

STATE

WA

VIN#

1GKEK13Z04R180067

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2004

MAKE

GM

MODEL

YUKON

STYLE

4T

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒

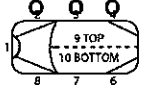
INSURANCE CO & POLICY # NATIONWIDE PPNM0019173162-2

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

4

MOTOR VEHICLE ☒

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4253341355

N: 4257606206

LAST NAME

JOHNSON

FIRST NAME

REBECCA

MIDDLE INITIAL

M

STREET / NEW ADDRESS

3921 115TH AVE SE

CITY

SNOHOMISH

ST

WA

ZIP

98290

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

JOHNSRM10408

STATE

WA

SEX

F

D.O.B. MMDDYYYY

09

-

28

-

1990

ON DUTY ☐

STATUS

AIRBAG

2

RESTR

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

ACS3744

STATE

WA

VIN#

1NXBR32E54Z220222

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2004

MAKE

TOYT

MODEL

COROL

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. DEBORAH HANSEN 3921 115TH AVE SE SNOHOMISH WA 98290 D: 4253341355 N: 4257606206

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # KEMPER 4171165

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

10-28-13 10:24 AM

DATED:

PLACE SIGNED

BADGE OR ID #

079

ORI #

WA0311900

APPROVED BY

CHRISTENSEN

DATE

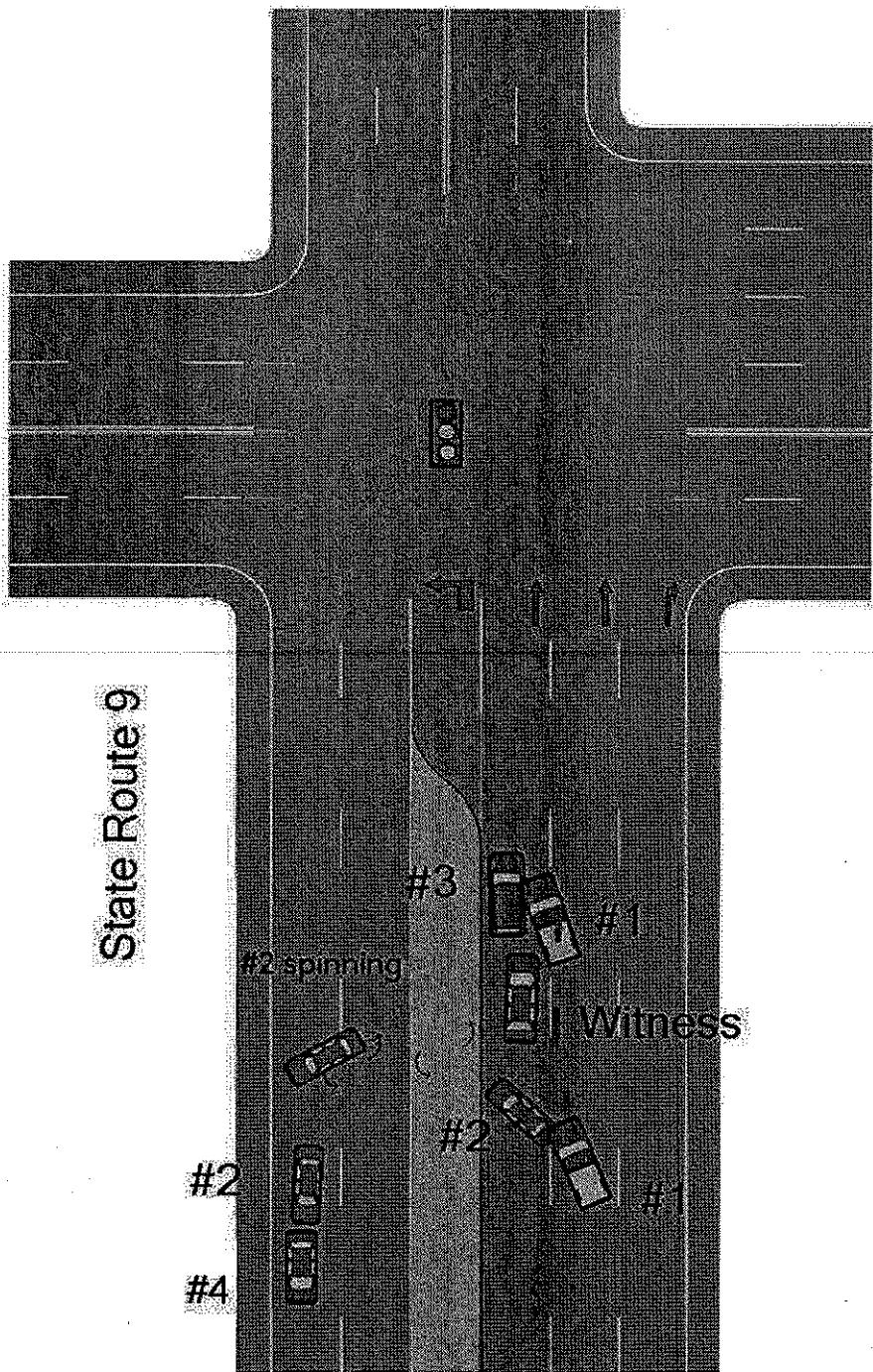
10/31/201

PAGE

4

OF

5



Lundeen Parway

State Route 9

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02692

VICTIM / WITNESS

| | | | | | | | | | | |
|------------------------------------|--|----------------------------|-----|----------|---------------------|--------------|-------------|---------------|-------------|-------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) RUSSELL APRIL J | RACE W | ETH | SEX F | DOB 12.27.79 | AGE 33 | HGT 5'4" | WEIGHT 130 | HAIR BRN | EYES HAZ |
| STREET ADDRESS 8305 172nd PL NE | | CITY APLINGTON | | | STATE WA | ZIP 98023 | RES. STATUS | | | |
| HOME PHONE | | CELL PHONE 425.263.0090 | | | PLACE OF EMPLOYMENT | | | | | |
| WORK PHONE | | EMAIL ADDRESS | | | | | | | | |

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stopped just before left turn lane at Lunder park and Hwy 9 when a white truck slammed into the back of my vehicle and then spun me into oncoming traffic.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|--------------------------------|---------------------------|-------------------------------------|
| SIGNATURE: | DATE SIGNED 10.27.2013 | LOCATION SIGNED |
| OFFICER/NUMBER: [Signature] | DATE SIGNED 10-27-13 | LOCATION SIGNED LAKE STEVENS, WA |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-0269

VICTIM / WITNESS

| | | | | | | | | | | |
|-----------------------------------|---|-------------------------------------|-----|----------|--|--------------|------------------------|------------|---------------|---------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Banfield, Tracy D. | RACE C | ETH | SEX F | DOB 10/16/74 | AGE 39 | HGT 5'5" | WGT 155 | HAIR Brown | EYES Hazel |
| STREET ADDRESS 7112 35th PL NE | | CITY Marysville | | | STATE WA | ZIP 98270 | RES. STATUS Citizen | | | |
| HOME PHONE 425-335-1794 | | CELL PHONE 360-540-6355 | | | PLACE OF EMPLOYMENT Tulalip Resort Casino | | | | | |
| WORK PHONE 360-716-6510 | | EMAIL ADDRESS tracyban@yahoo.com | | | | | | | | |

I, Tracy Banfield, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was at a complete stop at the light on Lunder Parkway and Highway 9. I heard a loud screeching and crash and looked in my rear view mirror to see something spinning. I noticed there was room in front of me to move up a tiny bit to avoid being rear ended. Just as I thought I was clear, out of nowhere, I was hit on the passenger side of my vehicle, pushing me to the left by the white chevy truck.

LSPD

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|---------------------------------------|-------------------------|-------------------------------------|
| SIGNATURE: <u>Tracy Banfield</u> | DATE SIGNED 10/27/13 | LOCATION SIGNED |
| OFFICER/NUMBER: <u>[Signature]</u> | DATE SIGNED 10/27/13 | LOCATION SIGNED LAKE STEVENS, WA |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02697

VICTIM / WITNESS

| | | | | | | | | | | |
|-------------------------------------|--|---|-----|----------|-------------------------------|-----------|--------------|------------|------------------------|-------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) JOHNSON, REBECCA M. | RACE W | ETH | SEX F | DOB 9/28/90 | AGE 23 | HGT 5 | WGT 140 | HAIR BRN | EYES GRN |
| STREET ADDRESS 3921 115th ave SE | | CITY SNOWHOMISH | | | STATE WA | | ZIP 98290 | | RES. STATUS CITIZEN | |
| HOME PHONE 425-334-1355 | | CELL PHONE 425-760-6206 | | | PLACE OF EMPLOYMENT Kohl's | | | | | |
| WORK PHONE N/A | | EMAIL ADDRESS rjohnson09@hotmail.com | | | | | | | | |

I, REBECCA JOHNSON, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On 10/27/13 I and my fiancé Michael Johnsen were traveling South on HWY-9 in the left lane. I looked to my left and saw a white truck going too fast towards the stopped cars in the North-bound left lane of HWY-9. The truck collided with two cars, sending one (a P.T. Cruiser) into my lane. I swerved to avoid the car and it swiped and collided with the back left tire and driver's side rear panel.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|---------------------------------------|-------------------------|---|
| SIGNATURE: <u>Rebecca Johnson</u> | DATE SIGNED 10/27/13 | LOCATION SIGNED HWY-9 + Lundeen Pkwy |
| OFFICER/NUMBER: <u>[Signature]</u> | DATE SIGNED 10-27-13 | LOCATION SIGNED LAKE STEVENS, WA |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02697

VICTIM / WITNESS

| | | | | | | | | | | |
|---|--|---|-----|----------|--|-----------|--------------|---------------|------------------------|-------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Marts, Ashley D | RACE W | ETH | SEX F | DOB 7-21-84 | AGE 29 | HGT 5'10" | WEIGHT 180 | HAIR Bkn | EYES Bkn |
| STREET ADDRESS 11625 Redmond Way Ste m 319 | | CITY Redmond | | | STATE WA | | ZIP 98052 | | RES. STATUS citizen | |
| HOME PHONE | | CELL PHONE 425-210-2225 | | | PLACE OF EMPLOYMENT Premiera Blue cross | | | | | |
| WORK PHONE | | EMAIL ADDRESS prelude-92 C M m n . com | | | | | | | | |

I, Ashley Marts, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was following Blue GMC yukon. all of a sudden I see brake lights and ~~then~~ a tan pt cruiser get hit spin around into on coming traffic and pull over onto the opposite side of the freeway. While that ~~was~~ was happening saw white truck (heavy) go up on two wheels and side swipe the Blue GMC yukon. I slammed on my breaks and avoided the collision.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|------------------------------------|-------------------------|---------------------------------------|
| SIGNATURE: <u>Ashley Marts</u> | DATE SIGNED 10/27/13 | LOCATION SIGNED Hwy 9 Lake Stevens |
| OFFICER/NUMBER: <u>[Signature]</u> | DATE SIGNED 10/27/13 | LOCATION SIGNED LAKE STEVENS WA |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

| | | | | | |
|---|--|---|--|-----------------------------|--|
| LAKE STEVENS POLICE EVIDENCE UNIT | | Primary Officer/Badge Number <u>#79</u> <u>SGT R. Summers</u> | | Case Number <u>13-02697</u> | |
| Type of Crime: Felony / Misdemeanor (Circle) | | Type of Case: <u>COLLISION</u> | | Date/Time: <u>10-27-13</u> | |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | *Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification | | | |

| | | | | | |
|---|---|-------------------------------|------------------|--|--------------------------------------|
| Item # <u>1</u> | Item <u>DVD-R</u> | Brand Name <u>COMPU</u> | Storage Location | Disposition | |
| Action # <u>3</u> | Brand/Model/Caliber <u>(Further Description)</u> | | | | |
| | Serial # <u> </u> | Where Found <u> </u> | | | Weight of Narcotic <u> </u> |
| | | | | | |
| Owner's Name <u> </u> | | Address <u> </u> | | City <u> </u> State <u> </u> Zip <u> </u> Phone # <u> </u> | |
| Owner Signature/Other remarks /additional information/ special instructions <u>SP9 + LUNDEEN / CAR COLLISION</u> | | | | | |

| | | | | | |
|---|---|-------------|------------------|------------------------|--------------------|
| Item # | Item | Brand Name | Storage Location | Disposition | |
| Action # | Brand/Model/Caliber <u>(Further Description)</u> | | | | |
| | Serial # | Where Found | | | Weight of Narcotic |
| | | | | | |
| Owner's Name | | Address | | City State Zip Phone # | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | |

| | | | | | |
|---|---|-------------|------------------|------------------------|--------------------|
| Item # | Item | Brand Name | Storage Location | Disposition | |
| Action # | Brand/Model/Caliber <u>(Further Description)</u> | | | | |
| | Serial # | Where Found | | | Weight of Narcotic |
| | | | | | |
| Owner's Name | | Address | | City State Zip Phone # | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | |

| | | | | | |
|---|---|-------------|------------------|------------------------|--------------------|
| Item # | Item | Brand Name | Storage Location | Disposition | |
| Action # | Brand/Model/Caliber <u>(Further Description)</u> | | | | |
| | Serial # | Where Found | | | Weight of Narcotic |
| | | | | | |
| Owner's Name | | Address | | City State Zip Phone # | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | |

| | | | | | |
|---|---|-------------|------------------|------------------------|--------------------|
| Item # | Item | Brand Name | Storage Location | Disposition | |
| Action # | Brand/Model/Caliber <u>(Further Description)</u> | | | | |
| | Serial # | Where Found | | | Weight of Narcotic |
| | | | | | |
| Owner's Name | | Address | | City State Zip Phone # | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | |

| | | | | | |
|---|--|--|--------------------|--|---|
| Evidence Control Use Only: | | | | | |
| Received by Evidence: | | NCIC/WACIC <input checked="" type="checkbox"/> Date: | CAD/RMS Checked | | ROUTING: <u>ESPD</u> White: Property Room ORIGINAL Yellow: Case File |
| Name: <u> </u> # <u> </u> | | NCIC/WACIC + Date: | Owner Letter Sent: | | |
| Date: <u> </u> Time: <u> </u> | | NCIC/WACIC - Date: | Owner Letter Sent: | | |
| | | | | | |

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02697

TOW / IMPOUND
AND INVENTORY RECORD

VEHICLE INFORMATION

VIN

1 6 C C S 1 4 R 7 J 8 1 9 2 8 5 1

LICENSE

A58661W

STATE

WA

YEAR

1988

MAKE

CHEV

MODEL

S10

MILEAGE

☒ Report of Sale☐ Digital

STYLE

PU

COLOR

WHITE

DRIVER

NAME (LAST, FIRST, MI)

HULTS, MICHAEL JAMES

STREET ADDRESS

417 4TH ST SE

CITY, STATE, ZIP CODE

EVERETT, WA 98203

PHONE

DOB

7-5-65

REGISTERED OWNER

NAME (LAST, FIRST, MI)

PRECIADO, TIMOTHY

STREET ADDRESS

6004 EVERGREEN WAY

CITY, STATE, ZIP CODE

EVERETT, WA 98203

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAME AS REG

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10-27-13 AT 1337 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE RESCUE TOWING (24 HOUR)

TO REMOVE THIS VEHICLE FROM SR 9 NE / LINDEEN PK WAY (TOWING FIRM) LAIGE STEVEN

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

5745-007

DATE 10-27-13

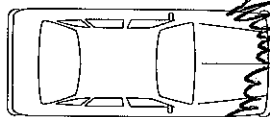
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE IN COLLISION AND UNDRIVABLE

LSPD
ORIGINAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

S. NORTON

BADGE NO.

55702

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02697

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

1 6 C C S 1 4 R 7 J 8 1 9 2 8 5 1

LICENSE

A58661W

STATE

WA

YEAR

1988

MAKE

CHEV

MODEL

S10

MILEAGE

☒ Report of Sale

☐ Digital

STYLE

PU

COLOR

WHITE

DRIVER

NAME (LAST, FIRST, MI)
HULTS, MICHAEL JAMESSTREET ADDRESS
417 4TH ST SECITY, STATE, ZIP CODE
EVERETT, WA 98203

PHONE

DOB
7-5-65

REGISTERED OWNER

NAME (LAST, FIRST, MI)
PRECIADO, TIMOTHYSTREET ADDRESS
6004 EVERGREEN WAYCITY, STATE, ZIP CODE
EVERETT, WA 98203

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)
SAME AS REG

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

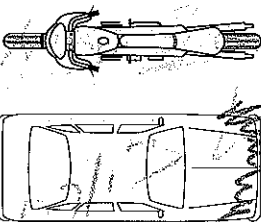
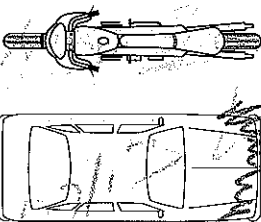
AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10-27-13 AT 1333 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE (24 HOUR) RESCUE TOWING

TO REMOVE THIS VEHICLE FROM SR 9 NE / LINDEEN PK WAY (TOWING FIRM) LAKE STEVEN

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5745-007 DATE 10-27-13

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|---|---|---|---|
| <input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____ |  |  |
| | | | |

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE IN COLLISION AND UNDRIVABLE

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X

[Signature]

BADGE NO.

55702

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

TRANSMISSION OK

| | |
|---------------------|--------------|
| JOB NO. | 3822 |
| DESTINATION ADDRESS | 914254073968 |
| PSWD/SUBADDRESS | |
| DESTINATION ID | SNOPAC |
| ST. TIME | 10/27 15:23 |
| USAGE T | 00' 32 |
| PGS. | 2 |
| RESULT | OK |

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**

| | | | |
|-------|----------------|--------|----------|
| TO: | SWOPAC | FAX: | |
| FROM: | SET R. SUMMERS | DATE: | 10-27-13 |
| CC: | | PAGES: | 2 |
| RE: | 13-02697 | | |

☒

WHEN THIS BOX IS CHECKED, THE FOLLOWING IS CONFIDENTIAL POLICE INFORMATION AND MAY NOT BE DISSEMINATED.

VEHICLE IMPOUND

THANKS

SS

LSPD
ORIGINAL

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check One)

Police Impound ☒ Private Impound _____ Repo _____MKE/ (Circle One) EVI EVIP EVR

ORI/ WA031 1900

LIC/ A58661W LIS/ Wd LIY/ 2012 LIT/ TK
VIN/VYR/ 1988 VMA/ Chevy VMO S10
VST/ PK VCO/ white

DATE OF IMPOUND / REPO: 10.22.13

TOW COMPANY NAME: Rescue Towing

TOW CO OCA/** 5745 PHONE # 425 339 5821

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SR 9 NE / Lundeen Pkwy

City of Jurisdiction: LKS

For Repo:

Financial Institution: ☒Contact Person: ☒Phone #: ☒

For Teletype:

Date: 10.27.13 Rec'd By: 298

Entered By: 298 Checked By: _____

WAC #: 13 V0117862

LSPD
ORIGINAL

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE
TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

13-02697

VEHICLE INFORMATION

VIN 1G1C1C5114R7J81192851
LICENSE A5861W STATE WA YEAR 1988 MAKE CHEV MODEL S10
MILEAGE _____
☒ Rep rt of Sale ☐ Digital
STYLE Pu COLOR WHITE

DRIVER

NAME (LAST, FIRST, MI)
HULTS, MICHAEL JAMES
STREET ADDRESS
417 47th ST SE
CITY, STATE, ZIP CODE
EVERETT, WA 98203
PHONE _____
DOB 7-5-65

REGISTERED OWNER

NAME (LAST, FIRST, MI)
PRECIADO, TIMOTHY
STREET ADDRESS
6004 EVERGREEN WAY
CITY, STATE, ZIP CODE
EVERETT, WA 98203
PHONE _____

LEGAL OWNER

NAME (LAST, FIRST, MI)
SAME AS REG
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE _____

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10-27-13 AT 1337
ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE (24 HOUR)

PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE

TO REMOVE THIS VEHICLE FROM

SR 9 NE J LINDEN PK WAY

(TOWING FIRM)

LAME STEVEN

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

5745-007

DATE 10-27-13

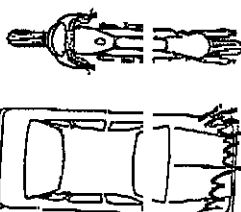
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE IN COLLISION AND UN-DRIVABLE

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

Incident History for: #SS13023664 Xref: #SS13023665 #AG13003075

Case Numbers: \$SS13002697

Entered 10/27/13 13:02:27 BY SPCT05 SP0370

Dispatched 10/27/13 13:03:01 BY SPDP17 SP0326

Enroute 10/27/13 13:03:01

Onscene 10/27/13 13:10:37

Closed 10/27/13 14:04:45

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: NORT

Src: T

Loc: LUNDEEN PARK WY/SR 9 NE , LKS (V)

Loc Info: SO LOC

Name: BANFIELD, TRACY-INVOLVE Addr:

Phone: 3605406355

/1302 (SP0370) ENTRY , CC, NOW, NON INJURY, BLOCKING 3 VEHICLES, BLU G
MC VS FORD MUSTANG VS WHI NISSAN
/1303 (SP0326) DISPER SS1912 #SS79 SUMMERS, SGT (ROBERT)
/1303 (SP0355) SUPP TXT: ONE VEH GRN JEEP CHEROKEE L/???UVP, LAST SE
EN HEADING NB SR 9, LEFT OCC OF VEH AT SCEEN
/1303 (SP0326) \$CROSS #SS13023665
/1303 DUP #SS13023665
/1303 DUP NAM: MIGUEL
PHO: 4253505396
/1304 CROSS #AG13003075
/1310 ONSCNE SS1912
/1320 ASNCAS SS1912 \$SS13002697
/1324 ROTREQ SS1912 TOW 5745 LKS RESCUE TOWING
4253345821 , 3 RND
/1325 MISC SS1912 , RESCUE TOW ER
/1326 ASSTOS SS1933 [LUNDEEN PARK WY/SR 9 NE , LKS]
#SS102 PLANALP, OFFICER (DANIEL)
/1327 (SS79) REMINQ SS1912 MDTVEH, A58661W, , WA, , , , , , , , , , ,
/1327 (SP0326) MISC SS1912 , RESCUE W/2ND TOW 3 RND
/1327 (SS79) REMINQ SS1912 MDTVEH, 214NCT, , WA, , , , , , , , , , ,
/1328 REMINQ SS1912 MDTVEH, AFP1489, , WA, , , , , , , , , , ,
/1329 *MISC SS1912 , PT STATE FARM 0910137B2247B 2/14
/1329 (*****) REMINQ SS1933 A58661W
/1329 (SP0326) REMINQ SS1933 LIC, 1933, A58661W, , ,
/1329 (SS79) REMINQ SS1912 MDTWANT, RUSSELL, APRIL, J, 122779, F, , WA, , , , , , , , , , ,
/1330 REMINQ SS1912 MDTWANT, , , , , , WA, BANFITD263PW, , , , , , , , , , ,
/1330 (*****) REMINQ SS1933 HULTS, MICHAEL, J, 07051965, ,
/1330 (SP0326) REMINQ SS1933 NAME, 1933, HULTS, MICHAEL, J, 07051965, ,
/1331 (SS79) REMINQ SS1912 MDTWANT, HULTS, MICHAEL, J, 070565, M, , WA, , , , , , , , , , ,
/1331 (*****) REMINQ SS1933 214NCT
/1331 (SP0326) REMINQ SS1933 LIC, 1933, 214NCT, , ,
/1352 (SS79) *MISC SS1912 , 4TH KEMPER 4171165 EX 12/13
/1353 REMINQ SS1912 MDTVEH, ACS3744, , WA, , , , , , , , , , ,
/1353 (SS102) CLEAR SS1933
/1353 (SS79) REMINQ SS1912 MDTWANT, JOHNSON, REBECCA, M, 092896, F, , WA, , , , , , , , , , ,
/1354 REMINQ SS1912 MDTWANT, JOHNSON, REBECCA, M, 092890, F, , WA, , , , , , , , , , ,
/1404 (SP0326) CLEAR SS1912 D/H
/1404 CLOSE SS1912

LSPD
ORIGINAL